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Bib Data Sheet

CONFIRMATION NO. 1707

SERIAL NUMBER 09/805,187	FILING DATE 03/13/2001 RULE	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. PC-738CIP
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APPLICANTS
Robert J. Tuttle, Ormond Beach, FL;

**** CONTINUING DATA *******
THIS APPLN CLAIMS BENEFIT OF 60/189,307 03/14/2000
AND A CIP OF 09/124,697 07/28/1998 *
WHICH CLAIMS BENEFIT OF 60/079,454 03/26/1998
(* Data inconsistent with PTO records. *yes RTT*)

**** FOREIGN APPLICATIONS ******* *none RTT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 05/10/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS
23717

TITLE
Realcall message delivery system with echo cancellation

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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BIBDATASHEET

CONFIRMATION NO. 1707

Bib Data Sheet

SERIAL NUMBER 09/805,187	FILING DATE 03/13/2001 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. PC-738CIP
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APPLICANTS

Robert J. Tuttle, Ormond Beach, FL;

**** CONTINUING DATA *******

This appln claims benefit of 60/189,307 03/14/2000
 and is a CIP of 09/124,697 07/29/1998 PAT 6,324,262 *
 which claims benefit of 60/079,454 03/26/1998
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 05/10/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

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 COCOA , FL
 32922

TITLE
 Realcall message delivery system with echo cancellation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)